



**QUEEN'S  
UNIVERSITY  
BELFAST**

## **Women (Re)Negotiating Care across Family Generations: Intersections of Gender and Socioeconomic Status**

Conlon, C., Timonen, V., Carney, G., & Scharf, T. (2014). Women (Re)Negotiating Care across Family Generations: Intersections of Gender and Socioeconomic Status. *Gender & Society*, 28(5), 729.  
<https://doi.org/10.1177/0891243214536466>

**Published in:**  
Gender & Society

**Document Version:**  
Peer reviewed version

**Queen's University Belfast - Research Portal:**  
[Link to publication record in Queen's University Belfast Research Portal](#)

**Publisher rights**  
© 2014 by The Author(s)

**General rights**  
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

**Take down policy**  
The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact [openaccess@qub.ac.uk](mailto:openaccess@qub.ac.uk).

# **WOMEN (RE)NEGOTIATING CARE ACROSS FAMILY GENERATIONS:**

## **Intersections Of Gender And Socioeconomic Status**

*CATHERINE CONLON<sup>1</sup>*

*Trinity College, Dublin, Ireland*

*VIRPI TIMONEN*

*Trinity College, Dublin, Ireland*

*GEMMA CARNEY*

*Queen's University, Belfast, United Kingdom*

*THOMAS SCHARF*

*National University of Ireland, Galway, Ireland*

*Abstract: Changing Generations, a study of intergenerational relations in Ireland undertaken between 2011 and 2013 by the Social Policy and Ageing Research Centre (SPARC), Trinity*

---

**AUTHORS' NOTE:** *Kathy Charmaz is a member of the Changing Generations Scientific Advisory Board and has guided the research team in its methodological approach, for which we are grateful. Thanks also to Scientific Advisory Board members Alan Barrett, Pat Dolan, Ricca Edmondson, Helen Johnson, and Paula Mayock. The article has benefited greatly from the generous engagement, helpful comments, and constructive critique of the anonymous reviewers and Editor of Gender & Society. We also gratefully acknowledge funding for Changing Generations from The Atlantic Philanthropies, a limited-life foundation. We are indebted to the 100 participants who contributed to the Changing Generations study. Correspondence concerning this article should be addressed to Catherine Conlon, School of Social Work & Social Policy, Trinity College, Dublin, Ireland; e-mail: [conlonce@tcd.ie](mailto:conlonce@tcd.ie).*

*College, Dublin, and the Irish Centre for Social Gerontology (ICSG), NUI Galway, used the Constructivist Grounded Theory method to interrogate support and care provision between generations. This article draws on interviews with 52 women ages 18 to 102, allowing for simultaneous analysis of older and younger women's perspectives. The intersectionality of gender and class emerged as central to the analysis. Socioeconomic positions shape contrasting forms of interdependency among family generations, ranging from "enmeshed" lives among lower socioeconomic groups to "freed" lives among higher socioeconomic groups. Women are initiating changes in how care and support flow across generations. Older women in higher socioeconomic groups are attuned to how emotional capital women expend across family generations can constrain (young) women's lives. In an expression of solidarity, older women are renegotiating the place of care labor in their own lives and in the lives of younger women. A new reciprocity emerges that amounts to women "undoing gender." This process is, however, deeply classed as it is women in higher socioeconomic groups whose resources best place them to renegotiate care.*

**Keywords:** *care; generation; socioeconomic status; reciprocity*

"Doing gender" involves "being a recognizable incumbent of a sex category and being *accountable* to current cultural conceptions of conduct becoming to – or compatible with the 'essential natures' of – a woman or a man" (West and Zimmerman 2009, 114; italics in original). Caring endures as conduct "becoming to a woman," whether considered as essentialist, the outcome of socialization, the result of the structural ordering of individual lives (e.g., in relation to family and employment), or the effect of the social construction of the singular category "woman" (Gerstel 2000). Chattoo and Ahmad theorize care giving within a feminist relational ontology and construe caring relations as ongoing processes with

a moral orientation, proposing “the meaning of caring as an embodied moral practice that needs to be understood within the biographical context of negotiation of moral choices informed (rather than determined) by various cultural scripts available to individuals” (Chattoo and Ahmad, 2008, 552). Not all women are equally involved in caring roles. Why some women become caregivers and others do not, and why some women’s lives are strongly contoured by care, remain poorly understood. As caring relations are dynamic and negotiated, it is important to gain an understanding of the processes and forms of agency that shape how these relations evolve.

This article considers how help, support, and care feature in everyday relations among women across family generations and socioeconomic locations in contemporary Ireland. The data were generated as part of a wider study exploring discourses, practices, and exchanges constitutive of intergenerational relations in Ireland. The empirical data comprise interviews with 52 women drawn from diverse socioeconomic and age groups. The Changing Generations project design allows the perspectives of both those currently or potentially providing care and those currently or potentially needing care to be explored (these categories can, of course, overlap and coexist). Following Constructivist Grounded Theory principles, we collected and analyzed data concurrently so as to purposefully (i.e., theoretically) generate data that deepen understanding of insights emerging early on. Early data suggested that socioeconomic status (SES) shapes women’s involvement in and expectations regarding help, support, and care across family generations. Theoretical sampling led us to compare the expectations of and involvement in care giving among women of low SES vis-à-vis women of higher SES. Iterative sampling and analysis revealed women’s capacity to recognize how gendered expectations and norms of providing help and care enhance or constrain opportunities and resources for women across generations. This features particularly prominently among older women of higher SES at the stage of life when they have

themselves been providers of help and care for several decades, and are observing younger generations of women taking on care roles.

## **GENDER, FAMILY GENERATION, AND CLASS IN CARING RELATIONS**

While caring roles have long been framed as negotiated responsibilities rather than obligations (Finch and Mason 1993), gendered patterns in the *types* of carework performed persist. Care has been characterized as having two components: *caring for* and *caring about* (Calasanti and Slevin 2001). *Caring for* refers to looking after someone's personal or household care needs through "hands-on" care (e.g., bathing, cooking). *Caring about* refers to the affective dimension of emotional attachment and concern for the person. Analyses of carework show that women do most of the care labor entailed in *caring for*, whereas men's carework is often confined to *caring about* (e.g., McGinnity and Russell 2008; Offera and Schneider 2011).

Two dimensions of caring relations identified in recent feminist theorizing, *emotional capital* and *caringscapes*, illuminate ways in which carework is implicated in both the ordering of gender and the transmission of structural inequalities. Bowlby et al. (2010) and McKie, Gregory, and Bowlby (2002) argue that the conflation of femininity with care signifies unequal distribution of (unacknowledged) carework along gender lines, even when women are involved in paid work and households are engaging paid domestic and care services. Combining care and paid employment involves both hands-on labor and organizing of, and continuous responsibility for, managing care. These processes of doing, organizing, and taking responsibility for caring constitute the "caringscape" (Bowlby et al. 2010; McKie, Gregory, and Bowlby 2002). In (heterosexual) households, women tend to be responsible for the planning, organizing, and responsibilities involved in caringscapes, even if partners want to be and are involved in doing caring. Where (some) care labor for a family is provided by

formal services, the points at which formal and informal care “bump up” against each other are spaces managed and occupied primarily by women (Bowlby et al. 2010).

Care giving has been theorized as emotional capital confined to the private sphere and affective relationships of family and friends, that encompasses the resources invested in those cared for and about (Reay 2004; Silva 2005). Reflecting the gendered ordering of care, emotional capital is characterized as a gendered capital. Reay (2004) argues that as emotional capital is confined to the private sphere, it lacks the direct convertibility of other capitals such as cultural or economic capital. Investments in emotional capital do not readily convert into capital of value beyond the private sphere for the person expending the emotional capital. Other than qualification for a modest remuneration referred to as carer’s allowance for some groups of carers, little value is accorded to unpaid carework. Unpaid carework is not recognized as a skill or asset, worthy of monetary validation, in the cultural and economic spheres. Such theorization of emotional capital suggests that asymmetrical responsibility attaching to women for doing care, either directly or by managing and organizing formal care, has the potential to generate significant inequalities in social and economic participation along gender lines.

Focusing on structural explanations of the gender gap in providing help to parents, Sarkisian and Gerstel (2004) found that job characteristics, especially wages and self-employment, were key to explaining the gap. Their findings reveal differences *among* women in the negotiation of doing caring so that women in employment with higher wages and better employment conditions are less likely to provide help directly to parents in need of care. However, Sarkisian and Gerstel’s (2004) analysis does not tell us whether providing help to parents impacts negatively on the likelihood of holding better employment characteristics, or whether the effect operates the other way, that is, that poor employment prospects and opportunities “push” some women towards caring.

Women's greater involvement in providing help and care across family generations appears to be a site where gender intersects with the transmission of privilege or disadvantage. In considering differences among women's care giving along racial lines, Gerstel argued that differences may reside in social relations and inequalities of power, concluding that "caregiving may originate in (and constitute an adaptive response to) the experience of an uncertain or subordinate social location" (Gerstel 2000, 479). Addressing the role of class in shaping childcare arrangements, Hansen (2005) noted that reliance on support networks beyond the nuclear family differs according to class location and entails different costs at the individual and social level, depending on class position. This reflects Schwartz's (2009) argument that intergenerational support can be a mechanism by which privilege or disadvantage is transferred through families across generations. In the European context, Saraceno (2010) assessed levels of support for public care provision and their impacts with regard to social inequality for both older care recipients and their care givers. Lower levels of support for public care provision have the heaviest impact on low-income families who lack the resources to purchase care privately. Saraceno's (2010) analysis illustrates that the lower the parents' socioeconomic status, the higher their daughters' involvement in care provision, and the lower the daughter's economic status, the higher her involvement in hands-on care. Saraceno (2010) concludes that patterns of support for public care provision are neither gender-neutral nor class-neutral. We therefore know something about how the welfare state and social characteristics shape variations in carework among women. However, the deeper processes that cause differentiation by socioeconomic location, and the dynamics that can bring about change in these, remain poorly understood; we illuminate these processes and dynamics below.

## **CONTEXT: IRELAND IN THE GREAT RECESSION**

The context of our study was Ireland in 2012. The country of 4.4 million people was in deep economic recession as we embarked on research to re-examine solidarities (or lack thereof) as expressed by people in diverse locations across the life course. Ireland is a post-colonial state founded in 1922. Catholic social principles, in particular subsidiarity (minimizing the role of public actors and maximizing the role of family in care provision), were marked features of the construction of nationhood in the Irish State's formative years (Coogan 2003). They provided the ideological justification for a residual state role in areas deemed the preserve of the family, in particular the care of young children and older people (Timonen, Doyle, and O'Dwyer 2012). A homemaker/breadwinner model of family was prescribed as women were (and still are) assigned a "special position" as homemakers in the Constitution. Pronounced gendered ordering of care, comparatively late decline in fertility rates, delayed population aging, and lower rates of women's labor market and political representation (in the context of other Western democracies) are legacies of the ideological positioning of post-colonial Ireland (Barry 2008).

This study therefore occurred in a context where formal care structures are underdeveloped and the family continues to be designated as the place where (most) caring should take place. It is also a time when women's entry into the workforce continues to expand. A more recent feature has been the particularly severe impact of the global recession on Ireland. Evidence of this includes high levels of negative equity and personal indebtedness, rising unemployment (from 6.4 percent in 2008 to 14.7 percent in 2012), particularly among younger age groups, and the resurgence in emigration (from 13,100 Irish nationals emigrating in 2008 to 50,900 emigrating in 2013). Therefore, significant economic upheaval and attendant social, economic, and ontological insecurity contextualized this study.

## **METHODS**



We employed the Constructivist Grounded Theory (CGT) method (Charmaz, 2006) as described elsewhere (see Conlon et al. 2013). Grounded Theory involves simultaneous data collection and analysis to identify emergent themes; construction of abstract categories to explain and synthesize processes in the data; theoretical sampling and further data collection to refine categories through comparison; and integrating categories into a theoretical framework. The Constructivist variant differs in two respects. First, *abductive* reasoning is employed, whereby abstract conceptualization from the data is put into conversation with both further data generated and extant theory to consider all possible explanations of the phenomena and processes observed in data. Second, the researcher is implicated in every stage of the construction of knowledge as theories are viewed as emergent processes occurring through interaction constructed by researchers (Conlon et al. 2013).

Sampling entailed selecting six carefully profiled geographical sites with varying levels of affluence and deprivation, located in the East and the West of Ireland. This allowed us to understand the local resources and structures available to people when considering the meanings of interdependencies and relations among family generations. Socioeconomic status was determined with the help of the Central Statistics Office (CSO) of Ireland's seven-fold classification of occupations (Central Statistics Office 2009). We condensed this classification into high, middle, and low SES groups. High SES comprises CSO Group 1 (Professional workers) and Group 2 (Managerial and technical workers); Middle SES comprises Group 3 (Non-manual) and Group 4 (Skilled manual); and Low SES comprises Group 5 (Semi-skilled), Group 6 (Unskilled), and Group 7 (All others gainfully occupied), as well as participants who were unemployed. (We acknowledge that this is not the only method of deriving social class groupings and that class remains a contested concept). If participants had never worked, we used the occupational category of the main income earner in the household, for example, the mother of a young unemployed daughter, or the father of a

student (whose mother had not engaged in paid employment). With only a handful of exceptions, the SES of younger family members was similar to the SES of older family members, reflecting low rates of intergenerational social mobility in Ireland. The salience of SES, pursued through theoretical sampling, shaped the final sample comprising an age profile distributed across the adult lifespan (18-102 years) and even representation across the three socioeconomic groups (approximately one third of the total sample of 100 belonging to each group). The sample composition does not allow for analysis along racial or ethnic lines, because it contains only seven participants who are not settled, white Irish (i.e., two members of the Traveller community, one immigrant of Asian origin, two immigrants of African origin, and two immigrants of European origin).

Having secured approval from a university ethics committee, between September 2011 and July 2012 we conducted 100 in-depth face-to-face interviews using a semi-structured interview guide with 52 women and 48 men. The interview guide invited participants to describe the “give and take” of “help and support” they were involved in with others, including those younger or older than themselves. Two initial questions – “Tell me about the stage you are at in your life now?” and “Who would you say are the people closest to you?” – allowed participants to narrate their location within the life course and identify membership of their support network. Four intermediate questions asked about “giving” and “receiving” in both the “private” and “public” spheres and invited reflections on the meanings participants attributed to giving and receiving help and support as family members and as members of Irish society. This article draws on data generated by questions relating to help and support provision and receipt in the private sphere.

Data were analyzed following Charmaz’s (2006) approach to theory building in CGT. We wrote memos, reflecting on emergent meanings and directions that each interview added to the overall inquiry. Interviews were transcribed in full and analyzed using open-line and

focused coding to construct abstract categories refined through further data collection and integrated into a theoretical framework. Emergent questions, directions of analysis, and coding were discussed regularly among the four team members where questions and insights arising from each member's own disciplinary location were raised and debated for contrast and fit across the data-set. Where members posited differing interpretations of "what was going on" in the data, interpretation of the person who had conducted the interview was deferred to, thus acknowledging the reflexive interdependence and interconnectedness of researcher, data, method, and interpretation (Mauthner and Doucet 2003). The findings presented here represent processes identified through analysis of the data set of 52 women ranging in age from 18 to 101 years. Select quotations are included to illustrate key processes, using pseudonyms to protect participants' anonymity.

This article focuses on how the relationship between gender and caring is negotiated differently by women across socioeconomic locations. A distinctive aspect of the data set is that it encompasses viewpoints of both (prospective) care recipients and (prospective) care givers (categories that can also overlap). The data therefore enable analysis of the expectations of both those who are aging and contemplating the prospect of having support needs *and* of (younger) participants who might be called upon to support older family members. The focus of analysis is to portray how help and support exchanges between younger and older generations feature as a *long-term process* that shapes lives from an early life stage and creates conditions for caring for and caring about. In order to understand the process, that is, how differential orientations develop, required studying both women who are currently caring and those who are not.

"Younger" and "older" refer to family generations of women. Younger generations represent both women in young and middle adulthood expected to be in employment and/or having and raising children. Older generations are constituted by women in late middle and

older age whose careers and/or mothering roles are drawing to an end or have ended and some of whom have developed care needs.

### **CARE IN YOUNGER WOMEN'S LIVES**

Changing Generations data revealed contrasting ways in which care featured in the lives of younger women depending on class positions while simultaneously portraying the process referred to by Chattoo and Ahmad (2008) as best understood in a biographical context of negotiation of moral choices informed (rather than determined) by available various cultural scripts.

#### **Enmeshed Lives of Low SES Women**

Younger women in low SES households explained how the lack of material resources available to their family meant they witnessed parents, especially mothers, sustaining the family with meager resources and suffering strain and ill health as a result. Daughters in low-income households were often confided in by their mothers and, as a result, they closely observed how tight household budgets are. This generated commitments and practices of providing help and support to alleviate the strain on the older (parental and grandparental) generations from a young age:

I have come home nights and listened to my mother crying over money... I just see her struggling so much... I get paid [social welfare] the Tuesday and she gets paid on a Thursday, so if we are going shopping and she runs low or anything I just give her a few of my bob [cash] and then she will give it back to me on the Thursday. We help each other out that way but it's not actually [me giving] because she is giving it back to me. (Stacey, 19, low socioeconomic status)

Low SES young women developed an acute awareness of the fine line between their presence in the household being a contribution or being a drain (Beck and Beck-Gernsheim 2002). Money coming into Stacey's household was often pooled, but she felt that these monies ultimately flow only one way: "...it's not actually [me giving] because [my mother] is giving it back to me." Stacey represented herself as a net receiver whose contributions to the household she ultimately consumed herself. Such awareness impelled young women in low-income families to identify how they could make a meaningful contribution to the household. This impetus informed the decisions they made, particularly regarding education progression which in turn critically shaped life chances. Decisions were taken in full cognizance of the demands or resources that the choices they made entail for older family generations. Our data revealed a pattern whereby low SES young women closed down options such as further education, traveling for experience, or job seeking – behaviors and assumptions we saw taken for granted among young women of similar age in higher SES groups.

Michelle's account captured this closing down of options as she described how, despite being the first in her family to complete second-level school examinations *and* despite encouragement by her mother to enter higher education, she took a job in a local hotel rather than progress to college:

[My mother] sent me to school all those years. She used to get up to clean in [a supermarket]...from three [a.m.] to half [past] seven and then come home and get my little brother ready for playschool... That is why I really respect her. That is why I help her out with the bills now... It is the way our family is. We are all close together. We still all live in the same area together as well. I can't imagine my sisters moving off... [My mother] still talks to this day about [me] going to college and doing courses and if I need the money and all that [she

would provide it]...*but at my age now, I wouldn't want to take money off her when she hasn't got it.* [our emphasis] (Michelle, 19, low socioeconomic status)

Options were closed down by commitments to and practices of “staying close by” to be available as a supportive resource to family from an early life stage. Michelle, at the age of only 19, felt that she should no longer be dependent on her mother. Young women in low SES locations portrayed how their family members tended to settle in close proximity when setting up their own households. As a result, there was scope for a constant flow of help and support, downwards and upwards across family generations, as Vanessa explains:

All my family live [in this area], my Da [father] lives down there and my three sisters live down there and my aunty lives down there... We were always...we're a close family, so if I wanted to do anything or if I did want to lie down when [the kids] were younger or whatever, my Ma [mother] would say “Yeah,” or my sisters, “Yeah, bring them up town, I'm going to town,” like, there was always somebody, or my aunty...“Ah, I'm going up town, I'll bring them on a ramble.” There was always, like, *everyone helped everyone.* [our emphasis] (Vanessa, 35, low socioeconomic status)

In the absence of economic capital, emotional capital was a key resource that young women in low-income families identified as being within their capacity to contribute. Through these processes, the lives of women across generations in low SES families became closely intertwined. Interreliance between generations manifests itself in regular and intensive contact, intimate knowledge of the conditions of each other's lives, and awareness that the decisions of each family member influence the well-being of the whole family. Our data suggest that close intergenerational reliance becomes the “orientation” of young women

growing up in low SES families, with family and community life characterized by mutuality and constant exchange of help and support (“*everyone helped everyone*”).

This creates the conditions whereby elder care is part of a progressively evolving set of (gendered) care relations in a context where women are all “looking out for each other” across the life course. Within this orientation it was taken for granted by women that “we take care of our own”: “We would *obviously* mind [my mother if she needed care]. We would take care of our own. We don’t have to be paid to take care of our own family” [our emphasis] (Michelle, 19, low socioeconomic status).

In families where intergenerational reliance was taken for granted, the commitment to assume responsibility to care could extend beyond aging parents to grandparents. Stacey (quoted earlier) provided full-time hands-on care to her grandmother and considered this part of her familial “duty.” Encapsulated in Stacey’s notion of duty was that caring for older family members is something she should do without regard to the opportunities she was foregoing *and* without any entitlement to have this care giving acknowledged or remunerated formally, evoking what Calkins (1972) terms “unquestioned obligation”

In my Nanny’s [grandmother’s house] I do everything [for her], the washing, the drying, the feeding, the bathing... I have been told I am stupid for not applying for [state payment for family carers] and all this, but the fact that she is my Nanny, I shouldn’t be paid to look after her, I feel...*when it’s your family, I feel like it’s kind of your duty.* [our emphasis] (Stacey, 19, low socioeconomic status)

The young women in low socioeconomic positions portrayed a process whereby the lives of women across generations became *enmeshed*, and an “unquestioning obligation” orientation was forged, while (other) life chances were closed down. A key process depicted by young women in low socioeconomic positions entailed shifting their orientation from

being focused on self to becoming more orientated to the needs of others at an early stage in the life course. Shifting to this relational orientation placed material and emotional demands on them at a stage in the life course when their better-off generational peers were pursuing life chances with a more individualist orientation. The young women presented as resigned to this, but the data also suggested that they were aware of how the conditions of their lives implicate them in care obligations in asymmetric ways vis-à-vis young women who were not of low SES. Lisa, for example, displayed an emerging awareness of her perceived responsibility to care for her grandparents as she observed them becoming frail, and a concomitant recognition of the implications of this for her aspirations. She had been raised by her grandparents from an early age after social services intervened to withdraw her from her mother's custody. Lisa's grandparents' increasing frailty meant that she now witnessed them needing support:

[My grandparents] actually need help and now that I am grown up... They are looking after me since I was small. Now I think it is my turn to give back to them what they done for me... That [caring for my grandparents] would probably stop me from doing things that I need to do because *I wouldn't be focused on myself. I would be more focused on them* and their health and what they need. [our emphasis] (Lisa, 21, low socioeconomic status)

Lisa articulated an appreciation of the responsibilities placed on her in ways that resonate with how emotional capital has been theorized (Reay 2004), that is, as emotional labor combined with foregoing opportunities and being less focused on self. Lisa recognized her grandparents' evolving needs and identified herself as having responsibility to meet those needs by "giving back." She was aware that in the process she would be changing her orientation, with the result that pursuing career goals she expressed earlier in the interview



would be threatened. Lisa's awareness that she is foregoing doing things she identifies as what she "*need[s] to do*" is particularly striking.

Analysis of accounts of care giving and commitments by young women from low socioeconomic groups to "doing" caring revealed the emergence of caring in lives of younger low SES women as the effect of processes in which closely *enmeshed lives* were forged across generations. The economic and social capital held by their families created high levels of interdependence across the life course, meaning younger women saw close up when support needs among older generations arose and assumed responsibility for the part they could play in meeting those needs. Living enmeshed lives created the conditions for elder care, or *caring for* elders, by female family members in low SES households. Our data revealed how young women living enmeshed lives were making decisions that channeled them towards such caring roles, often in awareness of the life chances they were foregoing. They do so to meet care needs of family members and alleviate the strain and hardship of older generations. The suggestion here is that young low SES women recognize they are foregoing opportunities necessary for them to realize any prospect of moving out of the cycle of poverty and disadvantage marking their families.

### **Freed Lives of Middle/High SES Women**

Accounts of women growing up in low-income households contrasted markedly with those of participants who described growing up in households with higher levels of economic capital. Middle and higher SES young women had options to progress to further education free from responsibilities to look after other family members. They expressed a sense of security that should elder care needs arise, a set of resources would be available to meet those needs, including the capacity to purchase formal care services. Awareness of the availability of resources generated an orientation in young women of middle and higher SES where a

wide(r) range of opportunities are available, including travel, study, pursuit of a career, and a period of the life course characterized by freedom from family or care responsibilities. For example, Christine (19, middle SES), who had recently moved from her rural hometown to attend a city university, portrayed a rather different set of priorities from women in the low SES group, stating that it was her aspiration to be able to say, “I have really experienced all there is to experience” (through travel, career, and other individual pursuits).

Pursuing opportunities for self-development, such as higher education, entailed less interdependence (other than some downward financial transfers) between family generations at this life stage. In contrast to women from low socioeconomic backgrounds, young women in middle and high socioeconomic groups usually expressed their aspirations and intentions to “be there” for their parents. Meanwhile the onset of care needs for parents was perceived as a distant prospect, reflecting documented intersections between class and health status. Most anticipated education, relationships, travel, and/or career building to be within their realm of possibilities before encountering family care responsibilities. They also anticipated that pursuing chances may entail settling to live at a distance from parents, further diminishing the prospect of *caring for*. Daughters from middle/high socioeconomic backgrounds who remained living in close proximity tended to move into roles likely to create a distance in worldview between them and older family generations of women (partly because women’s labor market participation rates are radically differentiated by generation in Ireland). Emily (29, high SES) described how her entry into a profession that demanded long hours and high levels of commitment to career put her at odds with her mother, who worked in a traditionally female profession, because “she doesn’t necessarily understand my work really.”

Overall, a process of *fostering independence* is portrayed by young women of middle/high SES, who described moving into more distant or removed locations and/or roles

where *caring for* other family members may not feature. Fostering independence for this group contrasts with the process of *forging enmeshment* portrayed by young women from low SES families. In middle and higher SES families, relations and behaviors were explicitly and consistently trained on creating *independence* between generations. Examples of practices directed at fostering independence abounded, including parental generations investing heavily in their children to give them the best of schooling, access to extracurricular activities, and so on, with the expectation that these generate high-earning, well-networked adults who can *independently* sustain themselves and their own future families. The need for exchanges of care resources as well as the opportunity for such exchanges consequently diminishes, as Sally, a university student, describes:

*I know [my parents] wouldn't let me give up all of my time to become their number one support. As much as they would need it or like it, I know they would want me to continue as much as normal but give to them as much as I can... If I was to find myself a job, I would contribute and obviously an emotional contribution would be the majority. If I could find myself in a position to get a job to give some sort of...even if it is just to keep things in the house rolling over, it may not be [just] medical costs. If they would accept it, I would try my hardest to be able to give as much as I could. [our emphasis]*

(Sally, 18, middle socioeconomic status)

This quotation illustrates how gender and caring continue to be linked, but in different ways than among lower socioeconomic groups. Sally was clearly committed to supporting her parents, emphasizing that she “will be there for them.” However, the support she anticipated was emotional and financial (purchasing formal care) rather than direct care labor. This demonstrated that young women growing up in a context that fosters independence do imagine a central role for themselves in *caring about* their older family members. However,

they do so in the context of the wider *caringscape* rather than as direct care givers, hence differentiating themselves from women in lower socioeconomic positions.

### **CARING IN LIVES OF OLDER WOMEN**

Noting contrasting care-related expectations and attitudes by socioeconomic location among older women as well, our analysis revealed how some older women took a critical stance on how the gendered ordering of care roles and responsibilities shapes and constrains women's lives. Our data provide novel insights into the role that older family generations of women played in shaping intergenerational care relations.

Older generation low SES women tended towards the view that help and support needed in later years should come from family, reflecting the interdependencies described by younger women. This is clearly articulated by Maggie (83, low SES), who was receiving extensive care from a daughter living in close proximity: "I expected it [care] from them all [daughters]. I'm not going to tell a lie...they all know I worked hard for them." This was a view shared by some women in higher socioeconomic groups, including Nancy (80, middle SES), whose position was that adult children reward parents for the care they gave them growing up: "I was good to the kids, you know, very good to the family and that stands to you, it does." However, this position appeared to be shifting, as our analysis revealed how, in the course of everyday life, older women were observing the roles and demands constitutive of the lives of younger women in the family. Having regard to what they observed, (grand)mothers were tempering their expectations of receiving upward generational transfers of help, support, or care from daughters in accordance with what they considered to be reasonable expectations of their daughters' capacities. This process featured in our data principally among high and middle SES women, suggesting that it was a position available only for those able to identify alternative sources of (financing paid) care. Where low SES

older women tended to be “expecting care”, middle/high SES older women were “renegotiating care”.

Observing younger family generations of women prompted older women in middle and high SES groups to *initiate* changes in the extent to which family care featured in women’s lives. This evokes the concept of generational intelligence, developed by Biggs, Haapala, and Lowenstein, who describe it as “an ability to reflect and act, which draws on an understanding of one’s own and others’ life-course, family and social history, placed within a contemporary social climate” (Biggs, Haapala, and Lowenstein 2011, 1110). Observing younger family generations, older women of middle and high SES noted an “intensive parenting” culture (Shirani, Henwood, and Coltart 2011) prevailed, placing extensive demands on younger women to invest time and emotional capital into their children. Witnessing such intensive parenting by her daughter, Lorna (79, middle SES) observed that “they [contemporary mothers] just devote their lives [to the children’s activities].”

In response to witnessing women under pressure from the demands of “intensive parenting,” often combined with paid employment, older women withheld requests for and expectations of help and support in recognition of the additional pressures that such requests would generate for younger women. This position of withholding expectations continued even after the onset of extensive support needs. Alice, for example, had a chronic condition that required intermittent admission to hospital. She was widowed with two daughters, both married with children and living, respectively, a ten-minutes and a one hour drive away. Alice described regularly driving to the hospital when experiencing acute episodes of ill health rather than calling on her daughters for help, because she saw her daughters’ lives as already full:

[The daughter who lives nearby] is very outgoing and she is into different things and she has four children and she is always running and racing and she

brings them to the sports. She doesn't have a minute, so I wouldn't call on her.

(Alice, 68, middle socioeconomic status)

Notable in Alice's account was her reference both to her daughter's parenting role and her daughters' "own interests," suggesting that Alice valued her daughter's investment in herself. Withholding expectations and requests for help and support from daughters amounted to older women/mothers instigating a shift in the place of care in intergenerational family relations. Daughters (in-law) and other younger female family members were not *expected to care for* older family generations, as Iris illustrated:

*As you anticipate your own future, Iris, and think about any care needs that might arise, have you expectations of your children should that happen?*

Well, I just try not to think about it... I hope I drop dead and my husband does too. I'm not being facetious, but I'm trying not to think about it because I'd hate to be a burden on them. (Iris, 87, high socioeconomic status)

These thoughts were not merely fear and denial of prospective care needs. They also manifested themselves in *actions* to ensure that burdens are not created, such as saving money for future paid care or becoming familiar with the landscape of domiciliary care services available locally. A 79-year-old high SES participant, Martha, described taking out an insurance policy for long-term care. While this is unusual in Ireland, it signaled a definite rejection of any expectations of family support. Martha concluded by firmly declaring, "I won't be a burden on anybody."

## **THE NEW RECIPROCITY**

We consider the attitudes and actions of the women in our sample as constituting forms of intergenerational solidarity with a downward orientation, with the explicit intention of *freeing* younger family generations of women from the time and labor entailed in *caring*

*for* older family members. Older family generations in higher socioeconomic groups were preparing to have their care needs met through a combination of state services and privately purchased care services. At the private level, adult daughters in our study often demonstrated a commitment to contributing financially to meeting the cost of parents' care needs. Where *caring for* or care labor was *not* a feature of intergenerational relations, this was not indicative of the absence of intergenerational solidarity. Rather, more complex forms of intergenerational solidarity were being practiced, including older women initiating change to the place of carework, emotional labor, and emotional capital in the lives of younger generations of women by breaking the chain of obligation.

In further support of our contention that middle/high SES women were renegotiating the place of care labor in their own and their daughters' lives, some older women described actively renegotiating the extent to which care labor featured in their lives by withholding or lessening the provision of grandchild care. In the process, these older women laid claim to alternative roles for themselves in later life:

I couldn't have [cared for grandchildren] because I had too many things going on in my own life at the time. I am always interested in extracurriculum courses. I used to do courses in [a university] and I am doing one at the moment... My days are pretty well planned out that I wouldn't have been available on long term. They [my children] would know that. (Lorna, 79, middle socioeconomic status)

By signaling their limited availability to care for grandchildren, older women were initiating a break in practices of reciprocation, and freeing their daughters from the obligation to provide elder care. Sinead (37, high SES) described an open conversation during which her mother explained that she did not want to assume the role of caring for her grandchildren.

The effect of this explicit articulation by Sinead's mother of wanting to be free from grandchild care labor has broken the practice of reciprocating care between generations:

I kind of feel she has raised [her own] four kids, you know, now is the time for her that she is doing all these things that she wants to do...she's a very independent woman, a very strong woman... Not that I wouldn't want to do it [elder care] for [my parents], I would gladly do it, but they are hugely independent and I think they would find it very difficult [to accept help]... Whereas *I would never have wanted my kids to be a burden on my parents* now, you know, *I know that my parents feel that they don't want to be a burden on me*. [our emphasis] (Sinead, 37, high socioeconomic status)

Sinead strikingly illustrates how freedom from extensive care obligations is becoming the new form of reciprocity among higher SES women. Just as interdependence and reciprocity in giving and receiving support characterized women in lower socioeconomic groups, the process of freeing both younger and older women from care obligations played out as a reciprocating process in families of middle and higher SES. These women were taking active steps to limit the extent to which they participated in sets of relations characterized by care labor, expending of emotional resources, and foregoing opportunities for personal fulfillment.

We contend that increasing numbers of older and younger family generations of women aspire to renegotiate intergenerational care relations with the view to displacing care labor as a central element in women's lives. Daughters' roles in meeting care needs of older parents were more likely to be envisaged as comprising sourcing and managing formal care provision, that is, in the wider caringscape. Women bringing about and anticipating a change in the place of care in intergenerational gender relations emphasized that *emotional* support or *caring about* would continue to be a key constituent of intergenerational relations.



## CONCLUSIONS

Data from the Changing Generations study provide insights into intergenerational relations in Ireland. This article has explored women's expectations of providing help and support among family generations rather than its practice, and we acknowledge that the two might well be different. In particular, our analysis has focused on how expectations of caring are contoured by socioeconomic status. Table 1 illustrates the identified processes, revealing contrasting forms of interdependencies and independence among family generations of women according to socioeconomic location. The processes by which socioeconomic status shapes women's capacity to negotiate the role of caring is a central finding of this research.

[TABLE 1 ABOUT HERE]

Young women in low SES families lived closely enmeshed lives alongside other family generations and entered into relations of *constant* mutuality and exchange of help and support, responding to needs witnessed in lives of older generations who were expecting family support. "Unquestioning obligation" to be involved in both *caring for* and *caring about* older family members evolved in this context. Their generational peers in middle and higher socioeconomic groups portrayed their young adult years as characterized by resources to pursue opportunities and freedom from responsibilities towards other family generations (freed lives). And they were resourced to do so by older generations' active sourcing of formal help and support, so that *caring about* without *caring for* characterized family relations among women across generations. Lower SES women were much more embedded in an extended kin network, while those in higher SES groups were more focused on the nuclear family, echoing Hansen's (2005) findings regarding childcare practices.

Our analysis sheds light on the processes through which caring is being renegotiated in women's lives with older family generations of women, especially those in higher SES locations initiating the process. Older women were witnessing the place of care in younger women's lives from a reflective vantage point and adopting a critical perspective on the impact that "doing gender" (West and Zimmerman 1987, 2009) has had on their own lives. They recognized that emotional capital can constrain young women's life chances – *and* they were also aware of how grandmothers' putative care roles in relation to grandchildren might constrain their own lives (on grandparental boundary drawing, see Arber and Timonen, 2012; and on recent statistical evidence of the steep social gradient in the distribution of grandchild care, see McGarrigle and Kenny 2013, 15). Where family resources allow, some take active steps to renegotiate care as a role in women's lives across the generations by sourcing alternative forms of care, help, and support from the market. In the absence of sufficiently detailed historical records and studies, we can only surmise that classed differentiation in care giving might have always existed. However, we argue that contemporary Ireland encapsulates many of the factors, such as increased labor market participation among women and growing income inequality, which make these processes particularly dynamic and visible. The climate of austerity and global recession marking this study contracted the capacity of all to finance formal care services privately, while the state engaged in reducing resources allocated to formal caring supports. This created conditions for the need for informal, usually kin, sources of *caring for*, particularly among lower income groups, and we would expect it to stifle the potential for women to renegotiate the place of care in their lives.

Just as interdependence and reciprocity in giving and receiving support portrayed intergenerational family relations for women in lower socioeconomic groups, being freed from care obligations was playing out as a reciprocating process among family generations of women in middle and higher socioeconomic groups. Reciprocity in caring relations was

taking a new shape in the processes revealed in this analysis. Older women were initiating changes to the place of care in their later lives and, by extension, in the lives of younger women in their families through new processes of reciprocation where *withholding*, for example, grandchild care is *reciprocated by withholding* of expectations or demands for elder care (“displacing care as the new form of reciprocity” in Table 1). Our analysis thus aligns with the exhortation by Ashwin et al. to view “reciprocity as a socially embedded phenomenon that cannot be considered in isolation from gender norms” (Ashwin et al. 2013, 416), norms which evolve over time.

Risman (2004, 2009) argues for viewing gender as a structure with implications at the multiple levels of the individual, interactional (relationships), and institutional. Our findings on new forms of reciprocity suggest that (older) women are engaging in processes of “undoing gender” (Deutsch 2007). By renegotiating care relations, older women are departing from traditional scripts (Deutsch 2007) and are simultaneously rescripting the place of care in young women’s lives and in their own lives, with the effect of disentangling gender and caring in the family context. The processes of renegotiating care at the micro, family, and local levels portrayed here importantly reveal how change can be initiated up the generational chain in a domain such as caring, where “doing” has been well established along gender lines. This challenges the conceptualization of gender as a durable structure. At the same time, however, the potential for women’s renegotiation of care and caring to undo gender is beset by challenges. Where care continues to be privatized and assigned to the family, women in low-income, low SES households continue to be relied on for, and to assume, *caring for* responsibilities. Furthermore, the effect of the displacement of care is limited when the wider caringscape, as depicted by Bowlby et al. (2010), is taken into account because this terrain is replete with traditional gender scripts. Global care chains (Yeates 2010) and the international division of reproductive (Parrenas 2000) and care labor considered through a transnational

analysis, such as that proposed by Eckenwiler (2011), suggests that this care is displaced onto the shoulders of disadvantaged women. The embeddedness of gender in organizing care in wider global caringscapes means that the project of undoing gender is incomplete and ongoing.

## REFERENCES

- Arber, Sara, and Virpi Timonen. 2012. *Contemporary grandparenting: Changing family relationships in global contexts*. Bristol, UK: Policy Press.
- Ashwin, Sarah, Irina Tartakovskaya, Marina Ilyina, and Tatyana Lykina. 2013. Gender reciprocity: Solving a puzzle of nonreciprocation. *Gender & Society* 27: 396-421.
- Barry, Ursula. 2008. *Where are we now? New feminist perspectives on women in contemporary Ireland*. Dublin: New Island.
- Beck, Ulrich, and Elizabeth Beck-Gernsheim. 2002. *Individualization*. London: Sage.
- Biggs, Simon, Irja Haapala, and Ariela Lowenstein. 2011. Exploring generational intelligence as a model for examining the process of intergenerational relationships. *Ageing & Society* 31: 1107-24.
- Bowlby, Sophia, Linda McKie, Susan Gregory, and Isobel MacPherson. 2010. *Interdependency and care over the lifecourse*. London: Routledge.
- Calasanti, Toni, and Kathleen F. Slevin. 2001. *Gender, social inequalities and aging*. Walnut Creek, CA: AltaMira.
- Calkins, Kathy. 1972. Shouldering a burden. *Omega* 3: 23-36.
- Central Statistical Office (Ireland). 2009. Standard report on methods and quality (v1) for census of population, appendix 5. Dublin: CSO. [http://www.cso.ie/en/media/csoie/surveysandmethodologies/surveys/populations/documents/pdfdocs/cop\\_quality\\_report\\_appendix5.pdf](http://www.cso.ie/en/media/csoie/surveysandmethodologies/surveys/populations/documents/pdfdocs/cop_quality_report_appendix5.pdf), accessed February 2014.

- Charmaz, Kathy. 2006. *Constructing grounded theory*. London: Sage.
- Chattoo, Sangeeta, and Waqar I. U. Ahmad. 2008. The moral economy of selfhood and caring: Negotiating boundaries of personal care as embodied moral practice. *Sociology of Health & Illness* 30(4): 550-64.
- Conlon, Catherine, Gemma Carney, Virpi Timonen, and Thomas Scharf. 2013. "Emergent reconstruction" in grounded theory: Learning from team-based interview research. *Qualitative Research* DOI: <http://dx.doi.org/10.1177/1468794113495038>.
- Coogan, Tim Pat. 2003. *Ireland in the twentieth century*. London: Hutchinson-Random House.
- Deutsch, Francine M. 2007. Undoing gender. *Gender & Society* 21:106-27.
- Eckenwiler, Lisa. 2011. Women on the move: Long-term care, migrant women and global justice. *The International Journal of Feminist Approaches to Bioethics* 4: 1-31.
- Finch, Janet, and Jennifer Mason. 1993. *Negotiating family responsibilities*. London: Tavistock/Routledge.
- Gerstel, Naomi. 2000. The third shift: Gender and carework outside the home. *Qualitative Sociology* 4: 467-83.
- Hansen, Karen V. 2005. *Not-so-nuclear families*. New Brunswick, NJ: Rutgers University Press.
- Mauthner, Natasha, and Andrea Doucet. 2003. Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology* 37: 413-31.
- McGarrigle, Christine, and Rose Anne Kenny. 2013. *Profile of the sandwich generation and intergenerational transfers in Ireland*. Dublin: Irish Longitudinal Study on Ageing. [http://www.tcd.ie/tilda/assets/pdf/intergenerational\\_transfers.pdf](http://www.tcd.ie/tilda/assets/pdf/intergenerational_transfers.pdf), accessed February 2014.
- McGinnity, Frances, and Helen Russell. 2008. *Gender inequalities in time use: The distribution of caring, housework and employment among women and men in Ireland*.

Dublin: Equality Authority.

McKie, Linda, Susan Gregory, and Sophia Bowlby. 2002. Shadow times: The temporal and spatial frameworks and experiences of caring and working. *Sociology* 36: 897-924.

Offera, Shira, and Barbara Schneider. 2011. Revisiting the gender gap in time-use patterns: Multitasking and well-being among mothers and fathers in dual-earner families. *American Sociological Review* 76: 809-33.

Parrenas, Rhacel S. 2000. Migrant Filipina domestic workers and the international division of reproductive labor. *Gender & Society* 14: 560-80.

Reay, Diane. 2004. Gendering Bourdieu's concept of capitals? Emotional capital, women and social class. In *Feminism after Bourdieu*, edited by Lisa Adkins and Beverley Skeggs. London: Blackwell.

Risman, Barbara J. 2004. Gender as a social structure: Theory wrestling with activism. *Gender & Society* 18: 429-50.

Risman, Barbara J. 2009. From doing to undoing: Gender as we know it. *Gender & Society* 23: 81-84.

Saraceno, Chiara. 2010. Social inequalities in facing old-age dependency: A bi-generational perspective. *Journal of European Social Policy* 20: 32-44.

Sarkisian, Natalia, and Naomi Gerstel. 2004. Explaining the gender gap in help to parents: The importance of employment. *Journal of Marriage and Family* 66: 431-51.

Schwartz, Teresa. 2009. Intergenerational family relations in adulthood: Patterns, variations and implications in the contemporary United States. *Annual Review of Sociology* 35: 191-212.

Shirani, Fiona, Karen Henwood, and Carrie Coltart. 2011. Meeting the challenges of intensive parenting culture: Gender, risk management and moral parent. *Sociology* 46: 25-40.

Silva, Elizabeth. B. 2005. Gender, home and family in cultural capital theory. *British Journal of Sociology* 56: 83-103.

Timonen, Virpi, Martha Doyle, and Ciara O'Dwyer. 2012. Expanded but not regulated: Ambiguity in home care policy in Ireland. *Health and Social Care in the Community* 20: 310-18.

West, Candace, and Don H. Zimmerman. 1987. Doing gender. *Gender & Society* 1: 125-51.

West, Candace, and Don H. Zimmerman. 2009. Accounting for doing gender. *Gender & Society* 23: 112-22.

Yeates, Nicola. 2010. *Economies and migrant workers: Explorations in global care chains*. New York: Palgrave Macmillan.

*Catherine Conlon is Senior Research Fellow in the School of Social Work & Social Policy, Trinity College Dublin, Ireland. Her research concerns constructions and regulation of the fertile body, pregnancy and reproduction; sexual citizenship in childhood and intergenerational relations.*

*Virpi Timonen is Professor of Social Policy & Ageing in the School of Social Work & Social Policy, Trinity College Dublin, Ireland. Her research extends across the life course, with a focus on ageing, intergenerational relations and policy pertaining to older adults.*

*Gemma Carney lectures in social policy at the School of Sociology, Social Policy and Social Work at Queen's University Belfast, Northern Ireland. With a background in gender, her work has evolved into multi-disciplinary studies of social policy, citizenship, ageing and the life course.*

*Thomas Scharf is Professor of Social Gerontology and Director of the Irish Centre for Social Gerontology, NUI Galway, Ireland. His research addresses a broad range of issues relating to ageing and the life course, with a major focus on the social policy of later life.*